

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC  
2022 APR 21 PM 12:05

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

United Medical Freedom Super PAC, LLC

ADDRESS (number and street)

166 Dogwood Springs DR

Check if different than previously reported. (ACC)

Portland

TN

37148

5912

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00753319

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☒ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)  
☐ Mar 20 (M3)  
☐ Apr 20 (M4)

- ☐ May 20 (M5)  
☐ Jun 20 (M6)  
☐ Jul 20 (M7)

- ☐ Aug 20 (M8)  
☐ Sep 20 (M9)  
☐ Oct 20 (M10)

- ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P)  
☐ Convention (12C)

- ☐ General (12G)  
☐ Special (12S)

☐ Runoff (12R)

Election on

MM / DD / YYYY

in the State of

(d) 30-Day POST-Election Report for the:

- ☐ General (30G)

- ☐ Runoff (30R)

- ☐ Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

01

01

2022

through

03

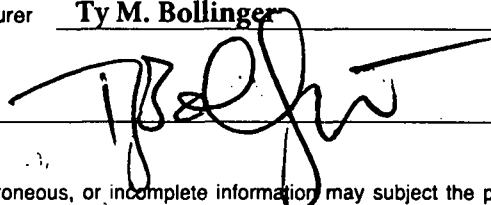
31

2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ty M. Bollinger

Signature of Treasurer



Date

4

15

2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**United Medical Freedom Super PAC, LLC**

Report Covering the Period: From:

01 / 01 / 2022

To:

03 / 31 / 2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2022		\$6,521.61
(b) Cash on Hand at Beginning of Reporting Period	\$6,521.61	
(c) Total Receipts (from Line 19)	\$835.47	\$835.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$7,357.08	\$7,357.08
7. Total Disbursements (from Line 31)	\$1,610.85	\$1,610.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$5,746.23	\$5,746.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**United Medical Freedom Super PAC, LLC**

Report Covering the Period: From:

01 / 01 / 2022

To:

03 / 31 / 2022

## **I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

**11. Contributions (other than loans) From:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

\$600.00

\$600.00

(ii) Unitemized.....

\$235.47

\$235.47

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....

\$835.47

\$835.47

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....

\$835.47

\$835.47

**12. Transfers From Affiliated/Other**

Party Committees.....

**13. All Loans Received.....**

**14. Loan Repayments Received.....**

**15. Offsets To Operating Expenditures**

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

**16. Refunds of Contributions Made**

to Federal Candidates and Other

Political Committees.....

**17. Other Federal Receipts**

(Dividends, Interest, etc.).....

**18. Transfers from Non-Federal and Levin Funds**

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

**19. Total Receipts (add Lines 11(d),**

12, 13, 14, 15, 16, 17, and 18(c)).....

\$835.47

\$835.47

**20. Total Federal Receipts**

(subtract Line 18(c) from Line 19).....

\$835.47

\$835.47

## Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share			
(ii) Non-Federal Share			
(b) Other Federal Operating Expenditures		\$1,610.85	\$1,610.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		\$1,610.85	\$1,610.85
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))			
29. Other Disbursements (Including Non-Federal Donations)			
30. Federal Election Activity (52 U.S.C. § 30101(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share			
(ii) "Levin" Share			
(b) Federal Election Activity Paid Entirely With Federal Funds			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))			
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))		\$1,610.85	\$1,610.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		\$1,610.85	\$1,610.85

## Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	\$835.47	\$835.47
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	\$835.47	\$835.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	\$1,610.85	\$1,610.85
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	\$1,610.85	\$1,610.85

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**United Medical Freedom Super PAC, LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wondrous Roots, Inc.**

Mailing Address

**103 Roxbury Street, Suite 300**

City

**Keene**

State

**NH**

Zip Code

**03431**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

**\$100.00**

Date of Receipt

**01**

**07**

**2022**

Amount of Each Receipt this Period

**\$100.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wondrous Roots, Inc.**

Mailing Address

**103 Roxbury Street, Suite 300**

City

**Keene**

State

**NH**

Zip Code

**03431**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

**\$200.00**

Date of Receipt

**02**

**07**

**2022**

Amount of Each Receipt this Period

**\$100.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wondrous Roots, Inc.**

Mailing Address

**103 Roxbury Street, Suite 300**

City

**Keene**

State

**NH**

Zip Code

**03431**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

**\$300.00**

Date of Receipt

**03**

**07**

**2022**

Amount of Each Receipt this Period

**\$100.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**United Medical Freedom Super PAC, LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**D. Franco, Dennell**

Mailing Address

**5282 Bridgewood Drive**

City

**La Palma**

State

**CA**

Zip Code

**90623**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

**\$100.00**

Date of Receipt

**01 / 10 / 2022**

Amount of Each Receipt this Period

**\$100.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**E. Franco, Dennell**

Mailing Address

**5282 Bridgewood Drive**

City

**La Palma**

State

**CA**

Zip Code

**90623**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

**\$200.00**

Date of Receipt

**02 / 10 / 2022**

Amount of Each Receipt this Period

**\$100.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**F. Franco, Dennell**

Mailing Address

**5282 Bridgewood Drive**

City

**La Palma**

State

**CA**

Zip Code

**90623**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

**\$300.00**

Date of Receipt

**03 / 10 / 2022**

Amount of Each Receipt this Period

**\$100.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

**\$600.00**

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Medical Freedom Super PAC, LLC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address

City

State

Zip Code

Purpose of Disbursement

misc. bank fees

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

\$113.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Baker Donelson Bearman Caldwell & Berkowitz, P.C.

Mailing Address

3414 Peachtree Road, NE, Suite 1500

City

Atlanta

State

GA

Zip Code

30326

Purpose of Disbursement

legal services

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

\$1,497.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

\$1,610.85



# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-1 (FEC Form 3X)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>					
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px;"></div>		Interest Rate (APR) <div style="border: 1px solid black; height: 20px;"></div> %				
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>		Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>				
City	State	Zip Code						
<p>A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div></p> <p>B. If line of credit,      Total Outstanding Balance: <div style="border: 1px solid black; width: 150px; height: 20px;"></div></p> <p style="margin-left: 20px;">Amount of this Draw: <div style="border: 1px solid black; width: 150px; height: 20px;"></div></p> <p>C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes      (Endorsers and guarantors must be reported on Schedule C.)</p> <p>D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, specify: _____</p> <p style="margin-left: 600px;">What is the value of this collateral? <div style="border: 1px solid black; width: 150px; height: 20px;"></div></p> <p style="margin-left: 600px;">Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, specify: _____</p> <p style="margin-left: 600px;">What is the estimated value? <div style="border: 1px solid black; width: 150px; height: 20px;"></div></p> <p style="margin-left: 20px;">A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).      Location of account: _____</p> <p style="margin-left: 20px;">Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>      Address: _____</p> <p style="margin-left: 450px;">City, State, Zip: _____</p> <p>F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.</p> <p>G. COMMITTEE TREASURER</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Typed Name</td> <td rowspan="2" style="width: 40%; text-align: center; vertical-align: middle;">DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature</td> </tr> </table> <p>H. Attach a signed copy of the loan agreement.</p> <p>I. TO BE SIGNED BY THE LENDING INSTITUTION:</p> <ol style="list-style-type: none"> <li>To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.</li> <li>The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.</li> <li>This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.</li> </ol>						Typed Name	DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	Signature
Typed Name	DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>							
Signature								
AUTHORIZED REPRESENTATIVE Typed Name			DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>					
Signature		Title						

# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 9  
☐ 10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶

2) TOTALS This Period (last page this line number only).....▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE      OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>United Medical Freedom Super PAC, LLC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on	

Full Name of Payee 	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 
Mailing Address 		Amount 
City 	State 	
Purpose of Expenditure 	Category/ Type 	Date of Disbursement or Obligation 
Name of Federal Candidate: 		Office Sought: <input type="checkbox"/> House    District:
		<input type="checkbox"/> President <input type="checkbox"/> Senate    State:
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: <input type="checkbox"/> Primary    General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee 	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 
Mailing Address 		Amount 
City 	State 	
Purpose of Expenditure 	Category/ Type 	Date of Disbursement or Obligation 
Name of Federal Candidate: 		Office Sought: <input type="checkbox"/> House    District:
		<input type="checkbox"/> President <input type="checkbox"/> Senate    State:
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: <input type="checkbox"/> Primary    General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶
(a) TOTAL Independent Expenditures .....	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# SCHEDULE F (FEC Form 3X)

## ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE      OF  
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)									
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:				Full Name of Subordinate Committee					
				Mailing Address					
				City		State		ZIP Code	
Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item		Purpose of Expenditure		<div style="border: 1px solid black; width: 100px; height: 20px;"></div> Category/Type	
Mailing Address						Date		<div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
City		State		Zip Code					
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: _____ District: _____		Amount	
								<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
Aggregate General Election Expenditure for this Candidate ▶				<div style="border: 1px solid black; width: 100px; height: 20px;"></div>					
Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item		Purpose of Expenditure		<div style="border: 1px solid black; width: 100px; height: 20px;"></div> Category/Type	
Mailing Address						Date		<div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
City		State		Zip Code					
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: _____ District: _____		Amount	
								<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
Aggregate General Election Expenditure for this Candidate ▶				<div style="border: 1px solid black; width: 100px; height: 20px;"></div>					
Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item		Purpose of Expenditure		<div style="border: 1px solid black; width: 100px; height: 20px;"></div> Category/Type	
Mailing Address						Date		<div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
City		State		Zip Code					
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: _____ District: _____		Amount	
								<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
Aggregate General Election Expenditure for this Candidate ▶				<div style="border: 1px solid black; width: 100px; height: 20px;"></div>					
SUBTOTAL of Expenditures This Page (optional).....▶								<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
TOTAL This Period (last page this line number only).....▶								<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Indicate ratio below**

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative ☐

Generic Voter Drive ☐

Public Communications Referencing Party Only ☐

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE      OF  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

ii) Generic Voter Drive .....

iii) Exempt Activities .....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

**TOTAL** This Period (Administrative) .....

**TOTAL** This Period (Generic Voter Drive) .....

**TOTAL** This Period (Exempt Activities) .....

**TOTAL** This Period (Direct Fundraising) .....

**TOTAL** This Period (Direct Candidate Support) .....

**TOTAL** This Period (Public Communications Referring Only to Party) .....

**TOTAL** This Period (Total Amount Transferred) .....



# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)

☐ Memo Item

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

☐ Memo Item

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

☐ Memo Item

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE      OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV .....

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV .....

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration

☐ GOTV

☐ Voter ID

☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/  
Type

Purpose of Disbursement

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration

☐ GOTV

☐ Voter ID

☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/  
Type

Purpose of Disbursement

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration

☐ GOTV

☐ Voter ID

☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/  
Type

Purpose of Disbursement

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
2. OTHER RECEIPTS .....		
3. TOTAL RECEIPTS .....		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
5. OTHER DISBURSEMENTS .....		
6. TOTAL DISBURSEMENTS .....		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....		
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....		
(from Line 3)		
9. SUBTOTAL .....		
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....		
(From Line 6)		
11. ENDING CASH ON HAND .....		
(Subtract Line 10 From Line 9)		

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM	DD	YY
----	----	----

Amount of Each Receipt this Period

Amount
--------

Aggregate Year-to-Date

Aggregate
-----------

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM	DD	YY
----	----	----

Amount of Each Receipt this Period

Amount
--------

Aggregate Year-to-Date

Aggregate
-----------

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM	DD	YY
----	----	----

Amount of Each Receipt this Period

Amount
--------

Aggregate Year-to-Date

Aggregate
-----------

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM	DD	YY
----	----	----

Amount of Each Receipt this Period

Amount
--------

Aggregate Year-to-Date

Aggregate
-----------

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

Subtotal
----------

Total
-------

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER: PAGE OF  
 (check only one) ☐ 4a ☐ 4c ☐ 5  
☐ 4b ☐ 4d

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

<b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	
Mailing Address				
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			<div> <div>Amount</div> <div>Disbursement</div> <div>this</div> <div>Period</div> </div>	
<b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	
Mailing Address				
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			<div> <div>Amount</div> <div>Disbursement</div> <div>this</div> <div>Period</div> </div>	
<b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	
Mailing Address				
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			<div> <div>Amount</div> <div>Disbursement</div> <div>this</div> <div>Period</div> </div>	
<b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	
Mailing Address				
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			<div> <div>Amount</div> <div>Disbursement</div> <div>this</div> <div>Period</div> </div>	
<b>E.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	
Mailing Address				
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			<div> <div>Amount</div> <div>Disbursement</div> <div>this</div> <div>Period</div> </div>	
<b>SUBTOTAL</b> of Disbursements This Page (optional).....			<div> <div>Amount</div> <div>Disbursement</div> <div>this</div> <div>Period</div> </div>	
<b>TOTAL</b> This Period (last page this line number only).....			<div> <div>Amount</div> <div>Disbursement</div> <div>this</div> <div>Period</div> </div>	

UNITED STATES POSTAL SERVICE

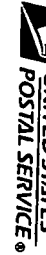
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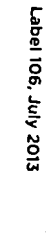
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Washington DC

20463

2022 APR 21

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<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 4/18/22
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
WDO PREPARER	4/21/22 DATE PREPARED

(3/2015)

2022-10-21-1700405844